

111TH CONGRESS
1ST SESSION

S. 1177

To improve consumer protections for purchasers of long-term care insurance,
and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 3, 2009

Mr. KOHL (for himself and Mr. WYDEN) introduced the following bill; which
was read twice and referred to the Committee on Finance

A BILL

To improve consumer protections for purchasers of long-
term care insurance, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Confidence in Long-Term Care Insurance Act of 2009”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—NATIONAL MARKET SURVEY; MODEL DISCLOSURES AND
DEFINITIONS; LTC INSURANCE COMPARE

Sec. 101. NAIC national market survey.

Sec. 102. Model disclosures and definitions.

Sec. 103. LTC Insurance Compare.

**TITLE II—IMPROVED STATE CONSUMER PROTECTIONS FOR
QUALIFIED LONG-TERM CARE INSURANCE CONTRACTS AND
MEDICAID PARTNERSHIP POLICIES**

Sec. 201. Application of Medicaid partnership required model provisions to all tax-qualified long-term care insurance contracts.

Sec. 202. Streamlined process for applying new or updated model provisions.

**TITLE III—IMPROVED CONSUMER PROTECTIONS FOR MEDICAID
PARTNERSHIP POLICIES**

Sec. 301. Biennial reports on impact of Medicaid long-term care insurance partnerships.

Sec. 302. Additional consumer protections for Medicaid partnerships.

Sec. 303. Report to Congress regarding need for minimum annual compound inflation protection.

**1 TITLE I—NATIONAL MARKET
2 SURVEY; MODEL DISCLO-
3 SURES AND DEFINITIONS;
4 LTC INSURANCE COMPARE**

5 SEC. 101. NAIC NATIONAL MARKET SURVEY.

6 (a) IN GENERAL.—The Secretary shall request the
7 NAIC to conduct biennial reviews of the national and
8 State-specific markets for long-term care insurance poli-
9 cies and to submit biennial reports to the Secretary on
10 the results of such reviews.

11 (b) CONTENT.—The Secretary shall request that the
12 biennial reviews include, with respect to the period occur-
13 ring since any prior review, analysis of the following:

14 (1) Information on key market parameters, in-
15 cluding the number of carriers offering long-term
16 care insurance, and the scope of coverage offered
17 under those policies (such as policies offering nurs-

1 ing-home only benefits, policies offering comprehen-
 2 sive coverage, and hybrid products in which long-
 3 term care benefits are present).

4 (2) The number of complaints received and re-
 5 solved, including benefit denials.

6 (3) The number of policies that are cancelled
 7 (including because of having lapsed or not being re-
 8 newed) and reasons for such cancellations.

9 (4) The number of agents trained and the con-
 10 tent of that training, including a description of
 11 agent training standards, the extent to which com-
 12 petency tests are included in such standards, and
 13 the pass and fail rates associated with such tests.

14 (5) The number of policyholders exhausting
 15 benefits.

16 (6) Premium rate increases sought by carriers
 17 and the range of the amount of the increase sought.

18 (7) Premium rate increases that were approved
 19 and the range of the amount of increase.

20 (8) The number of policyholders affected by any
 21 approved premium rate increases.

22 (9) Requests for exceptions to State reserving
 23 or capital requirements.

24 (c) TIMING FOR BIENNIAL REVIEW AND REPORT.—

25 The Secretary shall request the NAIC to—

1 (1) complete the initial market review under
 2 this section not later than 2 years after the date of
 3 enactment of this Act;

4 (2) submit a report to the Secretary on the re-
 5 sults of the initial review not later than December
 6 31, 2011; and

7 (3) complete each subsequent biennial review
 8 and submit each subsequent biennial report not later
 9 than December 31 of each second succeeding year.

10 (d) CONSULTATION REQUIRED.—The Secretary shall
 11 request the NAIC to consult with State insurance commis-
 12 sioners, appropriate Federal agencies, issuers of long-term
 13 care insurance, States with experience in long-term care
 14 insurance partnership plans, other States, representatives
 15 of consumer groups, consumers of long-term care insur-
 16 ance policies, and such other stakeholders as the Secretary
 17 or the NAIC determine appropriate, to conduct the market
 18 reviews requested under this section.

19 (e) DEFINITIONS.—In this section and section 102:

20 (1) LONG-TERM CARE INSURANCE POLICY.—

21 The term “long-term care insurance policy”—

22 (A) means—

23 (i) a qualified long-term care insur-
 24 ance contract (as defined in section

7702B(b) of the Internal Revenue Code of
1986); and

(ii) a qualified long-term care insurance contract that covers an insured who is a resident of a State with a qualified State long-term care insurance partnership under clause (iii) of section 1917(b)(1)(C) of the Social Security Act (42 U.S.C. 1396p(b)(1)(C)) or a long-term care insurance policy offered in connection with a State plan amendment described in clause (iv) of such section; and

(B) includes any other insurance policy or rider described in the definition of “long-term care insurance” in section 4 of the model Act promulgated by the National Association of Insurance Commissioners (as adopted December 2006).

(2) NAIC.—The term “NAIC” means the National Association of Insurance Commissioners.

(3) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

SEC. 102. MODEL DISCLOSURES AND DEFINITIONS.

(a) IN GENERAL.—The Secretary shall request the NAIC, in consultation with State health agencies as ap-

1 appropriate, to carry out the activities described in sub-
 2 section (b).

3 (b) ACTIVITIES DESCRIBED.—The activities de-
 4 scribed in this subsection are the following:

5 (1) DEVELOP MODEL DISCLOSURES AND DEFINI-
 6 TIONS FOR MARKETING OF POLICIES.—To develop
 7 model language for marketing of long-term care in-
 8 surance policies (including, as appropriate, language
 9 specific to qualified long-term care insurance con-
 10 tracts, partnership long-term care insurance policies,
 11 and such other contracts for coverage of long-term
 12 care services or benefits as the NAIC determines ap-
 13 propriate), that includes the following:

14 (A) CONSISTENT DEFINITIONS.—Con-
 15 sistent definitions for coverage of the various
 16 types of services and benefits provided under
 17 such policies, including institutional services,
 18 residential services with varying levels of assist-
 19 ance, such as assisted living, home care serv-
 20 ices, adult day services, and other types of
 21 home and community-based care (as appro-
 22 priate to describe the range of services and ben-
 23 efits offered under such policies in various
 24 States).

1 (B) CONSISTENT EXPLANATORY LAN-
 2 GUAGE.—Consistent language for use by issuers
 3 of such policies, and for agents selling such
 4 policies, in explaining the services and benefits
 5 covered under the policies and restrictions on
 6 the services and benefits.

7 (C) INFLATION PROTECTION OPTIONS.—A
 8 form that describes different inflation level op-
 9 tions offered for long-term care insurance poli-
 10 cies, including how policies with various levels
 11 of inflation protection compare in premium
 12 costs and benefits within 5-year time incre-
 13 ments from 5 years through 30 years post-pur-
 14 chase.

15 (D) STANDARDIZED METHODOLOGY FOR
 16 CALCULATING INFLATION PROTECTION.—
 17 Standardized methodology for use by issuers to
 18 use to calculate inflation protection under such
 19 policies.

20 (2) ENFORCE.—To develop recommendations
 21 for enforcement of the model marketing disclosures
 22 and definitions, including standardized language for
 23 States to adopt to prohibit carriers from marketing
 24 policies within the State that do not meet the model
 25 marketing disclosures and definitions or the rate

1 stability provisions under section 20 of the long-term
 2 care insurance model Act promulgated by the Na-
 3 tional Association of Insurance Commissioners (as
 4 adopted as of October 2000 and as of December
 5 2006) and any provisions of such section adopted
 6 after December 2006.

7 (c) PUBLIC COMMENT.—The Secretary shall request
 8 the NAIC to allow for public comment on the work of the
 9 NAIC in carrying out the activities described in subsection
 10 (b).

11 **SEC. 103. LTC INSURANCE COMPARE.**

12 (a) IN GENERAL.—Section 6021(d) of the Deficit Re-
 13 duction Act of 2005 (42 U.S.C. 1396p note) is amended—

14 (1) in paragraph (2)—

15 (A) in subparagraph (A)—

16 (i) in clause (ii), by striking “and” at
 17 the end;

18 (ii) in clause (iii), by striking the pe-
 19 riod at the end and inserting “; and”; and

20 (iii) by adding at the end the fol-
 21 lowing:

22 “(iv) establish an Internet directory of
 23 information regarding long-term care in-
 24 surance, to be known as ‘LTC Insurance
 25 Compare’, that shall include the following:

1 “(I) Comparison tools to assist
2 consumers in evaluating long-term
3 care insurance policies (as defined in
4 subparagraph (D)) with different ben-
5 efits and features.

6 “(II) State-specific information
7 about the long-term care insurance
8 policies marketed in a State, including
9 the following:

10 “(aa) Whether a State has
11 promulgated rate stability provi-
12 sions for all issuers of long-term
13 care insurance policies and how
14 the rate stability standards work.

15 “(bb) The rating history for
16 issuers selling long-term care in-
17 surance policies in the State for
18 at least the most recent pre-
19 ceding 5 years.

20 “(cc) The policy documents
21 for each such policy marketed in
22 the State.

23 “(III) Links to State information
24 regarding long-term care under State
25 Medicaid programs (which may be

1 provided, as appropriate, through
2 Internet linkages to the websites of
3 State Medicaid programs) that in-
4 cludes the following:

5 “(aa) The medical assistance
6 provided under each State’s Med-
7 icaid program for nursing facility
8 services and other long-term care
9 services (including any functional
10 criteria imposed for receipt of
11 such services, as reported in ac-
12 cordance with section
13 1902(a)(28)(D) of the Social Se-
14 curity Act) and any differences
15 from benefits and services offered
16 under long-term care insurance
17 policies in the State and the cri-
18 teria for triggering receipt of
19 such benefits and services.

20 “(bb) If the State has a
21 qualified State long-term care in-
22 surance partnership under sec-
23 tion 1917(b)(1)(C)(iii) of the So-
24 cial Security Act, information re-
25 garding how and when an indi-

1 vidual with a partnership long-
2 term care insurance policy who is
3 receiving benefits under the pol-
4 icy should apply for medical as-
5 sistance for nursing facility serv-
6 ices or other long-term care serv-
7 ices under the State Medicaid
8 program and information regard-
9 ing about how Medicaid asset
10 protection is accumulated over
11 time under such policies.”; and

12 (B) by adding at the end the following:

13 “(C) CURRENT INFORMATION.—The Sec-
14 retary of Health and Human Services shall en-
15 sure that, to the greatest extent practicable, the
16 information maintained in the National Clear-
17 inghouse for Long-Term Care Information, in-
18 cluding the information required for LTC In-
19 surance Compare, is the most recent informa-
20 tion available.

21 “(D) LONG-TERM CARE INSURANCE POL-
22 ICY DEFINED.—In subparagraph (A)(iv), the
23 term ‘long-term care insurance policy’ means a
24 qualified long-term care insurance contract (as
25 defined in section 7702B(b) of the Internal

1 Revenue Code of 1986), a qualified long-term
 2 care insurance contract that covers an insured
 3 who is a resident of a State with a qualified
 4 State long-term care insurance partnership
 5 under clause (iii) of section 1917(b)(1)(C) of
 6 the Social Security Act (42 U.S.C.
 7 1396p(b)(1)(C)) or a long-term care insurance
 8 policy offered in connection with a State plan
 9 amendment described in clause (iv) of such sec-
 10 tion, and includes any other insurance policy or
 11 rider described in the definition of ‘long-term
 12 care insurance’ in section 4 of the model Act
 13 promulgated by the National Association of In-
 14 surance Commissioners (as adopted December
 15 2006).”;

16 (2) by redesignating paragraph (3) as para-
 17 graph (4);

18 (3) in paragraph (4) (as so redesignated), by
 19 inserting “, and \$5,000,000 for each of fiscal years
 20 2011 through 2013” after “2010”; and

21 (4) by inserting after paragraph (2) the fol-
 22 lowing:

23 “(3) CONSULTATION ON LTC INSURANCE COM-
 24 PARE.—The Secretary of Health and Human Serv-
 25 ices shall consult with the National Association of

1 Insurance Commissioners and the entities and stake-
 2 holders specified in section 101(d) of the Confidence
 3 in Long-Term Care Insurance Act of 2009 in de-
 4 signing and implementing the LTC Insurance Com-
 5 pare required under paragraph (2)(A)(iv).”.

6 (b) MEDICAID STATE PLAN REQUIREMENT TO SUB-
 7 MIT NURSING FACILITY SERVICES FUNCTIONAL CRI-
 8 TERIA DATA.—Section 1902(a)(28) of the Social Security
 9 Act (42 U.S.C. 1396a(a)(28)) is amended—

10 (1) in subparagraph (C), by striking “and”
 11 after the semicolon;

12 (2) in subparagraph (D)(iii), by adding “and”
 13 after the semicolon; and

14 (3) by inserting after subparagraph (D)(iii), the
 15 following new subparagraph:

16 “(E) for the annual submission of data re-
 17 lating to functional criteria for the receipt of
 18 nursing facility services under the plan (in such
 19 form and manner as the Secretary shall speci-
 20 fy);”.

21 (c) EFFECTIVE DATE.—

22 (1) IN GENERAL.—Except as provided in para-
 23 graph (2), the amendments made by this section
 24 take effect on the date of enactment of this Act.

1 (2) EXTENSION OF EFFECTIVE DATE FOR
2 STATE LAW AMENDMENT.—In the case of a State
3 plan under title XIX of the Social Security Act (42
4 U.S.C. 1396 et seq.) which the Secretary of Health
5 and Human Services determines requires State legis-
6 lation or State regulation in order for the plan to
7 meet the additional requirements imposed by the
8 amendments made by subsection (b), the State plan
9 shall not be regarded as failing to comply with the
10 requirements of such title solely on the basis of its
11 failure to meet these additional requirements before
12 the first day of the first calendar quarter beginning
13 after the close of the first regular session of the
14 State legislature that begins after the date of enact-
15 ment of this Act. For purposes of the previous sen-
16 tence, in the case of a State that has a 2-year legis-
17 lative session, each year of the session is considered
18 to be a separate regular session of the State legisla-
19 ture.

1 **TITLE II—IMPROVED STATE**
 2 **CONSUMER PROTECTIONS**
 3 **FOR QUALIFIED LONG-TERM**
 4 **CARE INSURANCE CON-**
 5 **TRACTS AND MEDICAID PART-**
 6 **nership Policies**

7 **SEC. 201. APPLICATION OF MEDICAID PARTNERSHIP RE-**
 8 **QUIRED MODEL PROVISIONS TO ALL TAX-**
 9 **QUALIFIED LONG-TERM CARE INSURANCE**
 10 **CONTRACTS.**

11 (a) IN GENERAL.—Section 7702B(g)(1) of the Inter-
 12 nal Revenue Code of 1986 (relating to consumer protec-
 13 tion provisions) is amended—

14 (1) in subparagraph (A), by inserting “(but
 15 only to the extent such requirements do not conflict
 16 with requirements applicable under subparagraph
 17 (B)),” after “paragraph (2)”,

18 (2) by redesignating subparagraphs (B) and
 19 (C) as subparagraphs (C) and (D), respectively, and

20 (3) by inserting after subparagraph (A), the fol-
 21 lowing new subparagraph:

22 “(B) the requirements of the model regula-
 23 tion and model Act described in section
 24 1917(b)(5) of the Social Security Act,”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 subsection (a) shall apply to contracts issued after the
3 date of enactment of this Act.

4 **SEC. 202. STREAMLINED PROCESS FOR APPLYING NEW OR**
5 **UPDATED MODEL PROVISIONS.**

6 (a) SECRETARIAL REVIEW.—

7 (1) TAX-QUALIFIED POLICIES.—

8 (A) 2000 AND 2006 MODEL PROVISIONS.—

9 Not later than 3 months after the date of en-
10 actment of this Act, the Secretary of the Treas-
11 ury, in consultation with the Secretary of
12 Health and Human Services, shall review the
13 model provisions specified in subsection (c)(1)
14 for purposes of determining whether updating
15 any such provisions for a provision specified in
16 section 7702B(g)(2) of the Internal Revenue
17 Code of 1986, or the inclusion of any such pro-
18 visions in such section, for purposes of an in-
19 surance contract qualifying for treatment as a
20 qualified long-term care insurance contract
21 under such Code, would improve consumer pro-
22 tections for insured individuals under such con-
23 tracts.

24 (B) SUBSEQUENT MODEL PROVISIONS.—

25 Not later than 3 months after model provisions

described in paragraph (2) or (3) of subsection (c) are adopted by the National Association of Insurance Commissioners, the Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, shall review the model provisions to determine whether the application of such provisions to an insurance contract for purposes of qualifying for treatment as a qualified long-term care insurance contract under section 7702B(g)(2) of the Internal Revenue Code of 1986, would improve consumer protections for insured individuals under such contracts.

(2) MEDICAID PARTNERSHIP POLICIES.—

(A) SUBSEQUENT MODEL PROVISIONS.—

Not later than 3 months after model provisions described in paragraph (2) or (3) of subsection (c) are adopted by the National Association of Insurance Commissioners, the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury, shall review the model provisions to determine whether the application of such provisions to an insurance contract for purposes of satisfying the requirements for participation in a qualified State

1 long-term care insurance partnership under sec-
 2 tion 1917(b)(1)(C)(iii) of such Act (42 U.S.C.
 3 1396p(b)(1)(C)(iii)) would improve consumer
 4 protections for insured individuals under such
 5 contracts.

6 (B) REVIEW OF OTHER PARTNERSHIP RE-
 7 QUIREMENTS.—The Secretary of Health and
 8 Human Services, in consultation with the Sec-
 9 retary of the Treasury, shall review clauses (iii)
 10 and (iv) of section 1917(b)(1)(C) for purposes
 11 of determining whether the requirements speci-
 12 fied in such clauses should be modified to pro-
 13 vide improved consumer protections or, as ap-
 14 propriate, to resolve any conflicts with the ap-
 15 plication of the 2006 model provisions under
 16 paragraph (5) of section 1917(b) (as amended
 17 by section 302(a)) or with the application of
 18 any model provisions that the Secretary deter-
 19 mines should apply to an insurance contract as
 20 a result of a review required under subpara-
 21 graph (A).

22 (b) EXPEDITED RULEMAKING.—

23 (1) TAX-QUALIFIED POLICIES.—Subject to
 24 paragraph (3), if the Secretary of the Treasury de-
 25 termines that any model provisions reviewed under

1 subsection (a)(1) should apply for purposes of an in-
2 surance contract qualifying for treatment as a quali-
3 fied long-term care insurance contract under the In-
4 ternal Revenue Code of 1986, the Secretary, shall
5 promulgate an interim final rule applying such pro-
6 visions for such purposes not later than 3 months
7 after making such determination.

8 (2) MEDICAID PARTNERSHIP POLICIES.—Sub-
9 ject to paragraph (3), if the Secretary of Health and
10 Human Services determines that any model provi-
11 sions or requirements reviewed under subsection
12 (a)(2) should apply for purposes of an insurance
13 contract satisfying the requirements for participation
14 in a qualified State long-term care insurance part-
15 nership under section 1917(b)(1)(C)(iii) of such Act
16 (42 U.S.C. 1396p(b)(1)(C)(iii)), the Secretary, shall
17 promulgate an interim final rule applying such pro-
18 visions for such purposes not later than 3 months
19 after making such determination.

20 (3) CONSULTATION REQUIRED.—The Secretary
21 of the Treasury and the Secretary of Health and
22 Human Services, respectively, shall consult with the
23 National Association of Insurance Commissioners
24 and the entities and stakeholders specified in section
25 101(d) regarding the extent to which it is appro-

1 piate to apply the model provisions described in
2 paragraph (1) or (2) (as applicable) to insurance
3 contracts described in such paragraphs through pro-
4 mulgation of an interim final rule. If, after such
5 consultation—

6 (A) the Secretary of the Treasury deter-
7 mines it would be appropriate to promulgate an
8 interim final rule, the Secretary of the Treasury
9 shall use notice and comment rulemaking to
10 promulgate a rule applying such provisions to
11 insurance contracts described in paragraph (1);
12 and

13 (B) the Secretary of Health and Human
14 Services determines it would be appropriate to
15 promulgate an interim final rule, the Secretary
16 of Health and Human Services shall use notice
17 and comment rulemaking to promulgate a rule
18 applying such provisions to insurance contracts
19 described in paragraph (2).

20 (4) RULE OF CONSTRUCTION RELATING TO AP-
21 PPLICATION OF CONGRESSIONAL REVIEW ACT.—Noth-
22 ing in paragraphs (1), (2), or (3) shall be construed
23 as affecting the application of the sections 801
24 through 808 of title 5, United States Code (com-
25 monly known as the “Congressional Review Act”) to

1 any interim final rule issued in accordance with such
2 paragraphs.

3 (5) TECHNICAL AMENDMENT ELIMINATING
4 PRIOR REVIEW STANDARD MADE OBSOLETE.—Sec-
5 tion 1917(b)(5) of the Social Security Act (42
6 U.S.C. 1396p(b)(5)) is amended by striking sub-
7 paragraph (C).

8 (c) MODEL PROVISIONS.—In this section, the term
9 “model provisions” means—

10 (1) each provision of the long-term care insur-
11 ance model regulation, and the long-term care insur-
12 ance model Act, respectively, promulgated by the
13 National Association of Insurance Commissioners
14 (as adopted as of October 2000 and as of December
15 2006);

16 (2) each provision of the model language relat-
17 ing to marketing disclosures and definitions devel-
18 oped under section 102(b)(1); and

19 (3) each provision of any long-term care insur-
20 ance model regulation, or the long-term care insur-
21 ance model Act, respectively, promulgated by the
22 National Association of Insurance Commissioners
23 and adopted after December 2006.

1 **TITLE III—IMPROVED CON-**
 2 **SUMER PROTECTIONS FOR**
 3 **MEDICAID PARTNERSHIP**
 4 **POLICIES**

5 **SEC. 301. BIENNIAL REPORTS ON IMPACT OF MEDICAID**
 6 **LONG-TERM CARE INSURANCE PARTNER-**
 7 **SHIPS.**

8 Section 6021(c) of the Deficit Reduction Act of 2005
 9 (42 U.S.C. 1396p note) is amended to read as follows:

10 “(c) BIENNIAL REPORTS.—

11 “(1) IN GENERAL.—Not later than January 1,
 12 2010, and biennially thereafter, the Secretary of
 13 Health and Human Services (in this subsection re-
 14 ferred to as the ‘Secretary’) shall issue a report to
 15 States and Congress on the long-term care insurance
 16 partnerships established in accordance with section
 17 1917(b)(1)(C)(ii) of the Social Security Act (42
 18 U.S.C. 1396p(b)(1)(C)(ii)). Each report shall in-
 19 clude (with respect to the period the report address-
 20 es) the following information, nationally and on a
 21 State-specific basis:

22 “(A) Analyses of the extent to which such
 23 partnerships improve access of individuals to af-
 24 fordable long-term care services and benefits
 25 and the impact of such partnerships on Federal

1 and State expenditures on long-term care under
2 the Medicare and Medicaid programs.

3 “(B) Analyses of the impact of such part-
4 nerships on consumer decisionmaking with re-
5 spect to purchasing, accessing, and retaining
6 coverage under long-term care insurance poli-
7 cies (as defined in subsection (d)(2)(D)), in-
8 cluding a description of the benefits and serv-
9 ices offered under such policies, the average
10 premiums for coverage under such policies, the
11 number of policies sold and at what ages, the
12 number of policies retained and for how long,
13 the number of policies for which coverage was
14 exhausted, and the number of insured individ-
15 uals who were determined eligible for medical
16 assistance under the State Medicaid program.

17 “(2) DATA.—The reports by issuers of partner-
18 ship long-term care insurance policies required under
19 section 1917(b)(1)(C)(iii)(VI) of the Social Security
20 Act shall include such data as the Secretary shall
21 specify in order to conduct the analyses required
22 under paragraph (1).

23 “(3) PUBLIC AVAILABILITY.—The Secretary
24 shall make each report issued under this subsection

publicly available through the LTC Insurance Compare website required under subsection (d).

“(4) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as requiring the Secretary to conduct an independent review of each long-term care insurance policy offered under or in connection with such a partnership.

“(5) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary to carry out this subsection, \$1,000,000 for the period of fiscal years 2010 through 2012.”.

SEC. 302. ADDITIONAL CONSUMER PROTECTIONS FOR MEDICAID PARTNERSHIPS.

(a) APPLICATION OF 2006 MODEL PROVISIONS.—

(1) UPDATING OF 2000 REQUIREMENTS.—

(A) IN GENERAL.—Section 1917(b)(5)(B)(i) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(i)) is amended by striking “October 2000” and inserting “December 2006”.

(B) CONFORMING AMENDMENTS.—

(i) Subclause (XVII) of such section is amended by striking “section 26” and inserting “section 28”.

1 (ii) Subclause (XVIII) of such section
 2 is amended by striking “section 29” and
 3 inserting “section 31”.

4 (iii) Subclause (XIX) of such section
 5 is amended by striking “section 30” and
 6 inserting “section 32”.

7 (2) APPLICATION TO GRANDFATHERED PART-
 8 NERSHIPS.—Section 1917(b)(1)(C)(iv) of such Act
 9 (42 U.S.C. 1396p(b)(1)(C)(iv)) is amended by in-
 10 serting “, and the State satisfies the requirements of
 11 paragraph (5)” after “2005”.

12 (b) APPLICATION OF PRODUCER TRAINING MODEL
 13 ACT REQUIREMENTS.—Section 1917(b)(1)(C) of such Act
 14 (42 U.S.C. 1396p(b)(1)(C)) is amended—

15 (1) in clause (iii)(V), by inserting “and satisfies
 16 the producer training requirements specified in sec-
 17 tion 9 of the model Act specified in paragraph (5)”
 18 after “coverage of long-term care”; and

19 (2) in clause (iv), as amended by subsection
 20 (a)(2), by inserting “clause (iii)(V) and” before
 21 “paragraph (5)”.

22 (c) APPLICATION OF ADDITIONAL REQUIREMENTS
 23 FOR ALL PARTNERSHIPS.—Section 1917(b) of the Social
 24 Security Act (42 U.S.C. 1396p(b)) is amended—

25 (1) in paragraph (1)(C)—

1 (A) in clause (iii)—

2 (i) by inserting after subclause (VII)

3 the following new subclause:

4 “(VIII) The State satisfies the re-
5 quirements of paragraph (6).”; and

6 (ii) in the flush sentence at the end,
7 by striking “paragraph (5)” and inserting
8 “paragraphs (5) and (6)”; and

9 (B) in clause (iv), as amended by sub-
10 sections (a)(2) and (b)(2), by striking “para-
11 graph (5)” and inserting “paragraphs (5) and
12 (6)”; and

13 (2) by adding at the end the following new
14 paragraph:

15 “(6) For purposes of clauses (iii)(VIII) and (iv) of
16 paragraph (1)(C), the requirements of this paragraph are
17 the following:

18 “(A) The State requires issuers of long-term
19 care insurance policies to—

20 “(i) use marketing materials approved by
21 the State for purposes of the partnership ver-
22 batim in all sales and marketing activities con-
23 ducted or supported by the issuers in the State
24 with respect to any long-term care insurance
25 policies marketed by the issuer in the State;

1 “(ii) provide such materials to all agents
2 selling long-term care insurance policies in the
3 State;

4 “(iii) ensure that agent training and edu-
5 cation courses conducted or supported by the
6 issuers incorporate such materials; and

7 “(iv) make such materials available to any
8 consumer upon request, and to make such ma-
9 terials available to all prospective purchasers of
10 a policy offered under a qualified State long-
11 term care insurance partnership before submis-
12 sion of an application for coverage under that
13 policy.

14 “(B) The State requires issuers of long-term
15 care insurance policies to require agents to use the
16 inflation protection comparison form developed by
17 the National Association of Insurance Commis-
18 sioners in accordance with section 102(b)(1)(C) of
19 the Confidence in Long-Term Care Insurance Act of
20 2009 when selling the policies in the State.

21 “(C) The State requires issuers of long-term
22 care insurance policies sold in the State to comply
23 with the provisions of section 8 of the model Act
24 specified in paragraph (5) relating to contingent
25 nonforfeiture benefits.

1 “(D) The State enacts legislation, not later
2 than January 1, 2012, that establishes rate stability
3 standards for all issuers of long-term care insurance
4 policies sold in the State that are no less stringent
5 than the premium rate schedule increase standards
6 specified in section 20 of the model regulation speci-
7 fied in paragraph (5).

8 “(E) The State develops, updates whenever
9 changes are made under the State plan that relate
10 to eligibility for medical assistance for nursing facil-
11 ity services or other long-term care services or the
12 amount, duration, or scope of such assistance, and
13 provides public, readily accessible materials that de-
14 scribe in clear, simple language the terms of such
15 eligibility, the benefits and services provided as such
16 assistance, and rules relating to adjustment or re-
17 covery from the estate of an individual who receives
18 such assistance under the State plan. Such materials
19 shall include a clear disclosure that medical assist-
20 ance is not guaranteed to partnership policyholders
21 who exhaust benefits under a partnership policy, and
22 that Federal changes to the program under this title
23 or State changes to the State plan may affect an in-
24 dividual’s eligibility for, or receipt of, such assist-
25 ance.

1 “(F) The State—

2 “(i) through the State Medicaid agency
3 under section 1902(a)(5) and in consultation
4 with the State insurance department, develops
5 written materials explaining how the benefits
6 and rules of long-term care policies offered by
7 issuers participating in the partnership interact
8 with the benefits and rules under the State plan
9 under this title;

10 “(ii) requires agents to use such materials
11 when selling or otherwise discussing how long-
12 term care policies offered by issuers partici-
13 pating in the partnership work with potential
14 purchasers and to provide the materials to any
15 such purchasers upon request;

16 “(iii) informs holders of such policies of
17 any changes in eligibility requirements under
18 the State plan under this title and of any
19 changes in estate recovery rules under the State
20 plan as soon as practicable after such changes
21 are made; and

22 “(iv) agrees to honor the asset protections
23 of any such policy that were provided under the
24 policy when purchased, regardless of whether

1 the State subsequently terminates a partnership
2 program under the State plan.

3 “(G) The State Medicaid agency under section
4 1902(a)(5) and the State insurance department
5 enter into a memorandum of understanding to—

6 “(i) inform consumers about changes in
7 long-term care policies offered by issuers par-
8 ticipating in the partnership, changes in the
9 amount, duration, or scope of medical assist-
10 ance for nursing facility services or other long-
11 term care services offered under the State plan,
12 changes in consumer protections, and any other
13 issues such agency and department determine
14 appropriate; and

15 “(ii) jointly maintain a nonpublic database
16 of partnership policyholders for purposes of fa-
17 cilitating coordination in eligibility determina-
18 tions for medical assistance under the State
19 plan and the provision of benefits or other serv-
20 ices under such policies and medical assistance
21 provided under the State plan that includes—

22 “(I) the number of policyholders ap-
23 plying for medical assistance under the
24 State plan; and

1 “(II) the number of policyholders
2 deemed eligible (and, if applicable, ineli-
3 gible) for such assistance.

4 “(H) The State does not apply any limit to the
5 disregard, for purposes of determining the eligibility
6 of a partnership policyholder for medical assistance
7 under the State plan and for purposes of exemption
8 from the estate recovery requirements under the
9 plan, of benefits provided under a partnership policy,
10 including cash benefits provided for long-term care
11 services, and benefits provided under the policy after
12 the effective date of the policyholder’s enrollment in
13 the State plan.

14 “(I) The State enters into agreements with
15 other States that have established qualified State
16 long-term care insurance partnerships under which
17 such States agree to provide reciprocity for policy-
18 holders under such partnerships.

19 “(J) The State provides guaranteed asset pro-
20 tection to all individuals covered under a policy of-
21 fered under a qualified State long-term care insur-
22 ance partnership who bought such a policy in the
23 State or in another State with such a partnership
24 and with which the State has a reciprocity agree-
25 ment at the time of purchase.

1 “(K) At the option of the State, notwith-
 2 standing any limitation that would otherwise be im-
 3 posed under subsection (f), the State disregards any
 4 amount of the equity interest in the home of an indi-
 5 vidual covered of policy offered under a qualified
 6 State long-term care insurance partnership for pur-
 7 poses of determining the individual’s eligibility for
 8 medical assistance with respect to nursing facility
 9 services or other long-term care services.”.

10 (d) EFFECTIVE DATE.—

11 (1) IN GENERAL.—Except as provided in para-
 12 graph (2), the amendments made by this section
 13 take effect on the date that is 1 year after the date
 14 of enactment of this Act.

15 (2) EXTENSION OF EFFECTIVE DATE FOR
 16 STATE LAW AMENDMENT.—In the case of a State
 17 plan under title XIX of the Social Security Act (42
 18 U.S.C. 1396 et seq.) which the Secretary of Health
 19 and Human Services determines requires State legis-
 20 lation in order for the plan to meet the additional
 21 requirements imposed by the amendments made by
 22 this section, the State plan shall not be regarded as
 23 failing to comply with the requirements of such title
 24 solely on the basis of its failure to meet these addi-
 25 tional requirements before the first day of the first

1 calendar quarter beginning after the close of the
 2 first regular session of the State legislature that be-
 3 gins after the date of enactment of this Act. For
 4 purposes of the previous sentence, in the case of a
 5 State that has a 2-year legislative session, each year
 6 of the session is considered to be a separate regular
 7 session of the State legislature.

8 **SEC. 303. REPORT TO CONGRESS REGARDING NEED FOR**
 9 **MINIMUM ANNUAL COMPOUND INFLATION**
 10 **PROTECTION.**

11 Not later than 18 months after the date of enactment
 12 of this Act, the Secretary of Health and Human Services
 13 (in this section referred to as the “Secretary”) shall sub-
 14 mit a report to Congress that includes the Secretary’s rec-
 15 ommendation regarding whether legislative or other ad-
 16 ministrative action should be taken to require all long-
 17 term care insurance policies sold after a date determined
 18 by the Secretary in connection with a qualified State long-
 19 term care insurance partnership under clause (iii) of sec-
 20 tion 1917(b)(1)(C) of the Social Security Act (42 U.S.C.
 21 1396p(b)(1)(C)) or a long-term care insurance policy of-
 22 fered in connection with a State plan amendment de-
 23 scribed in clause (iv) of such section, provide, at a min-
 24 imum, 5 percent annual compound inflation protection,
 25 and if so, whether such requirements should be imposed

1 on a basis related to the age of the policyholder at the
2 time of purchase. The Secretary shall include in the report
3 information on the various levels of inflation protection
4 available under such long-term care insurance partner-
5 ships and the methodologies used by issuers of such poli-
6 cies to calculate and present various inflation protection
7 options under such policies, including policies with a fu-
8 ture purchase option feature.

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